



STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

Public Records Fee Waiver Request and Affidavit

**Assets/Funds**

a. Are you currently employed? ☐ Yes ☐ No

If yes, list approximate income:

- \$ Per Week
- \$ Per Month
- \$ Per Year
- \$ Other

b. Provide the **total** amount of funds received from **any** outside source (i.e.; funds from stocks, bonds, annuities, employment, gifts, government assistance, prize money, etc.) in the six (6) months prior to your request:

\$ \_\_\_\_\_

c. Provide balances to any accounts (i.e.; checking, savings, inmate trust, investment, etc.) containing assets that belong to you or to which you have access. Supporting documentation covering at least the six (6) months prior to your request **must** be attached. If no accounts, proceed to section **d** directly below.

- Checking: \$
- Savings: \$
- Inmate Trust: \$
- Other: \$

d. If you listed no accounts above: I hereby certify that to my knowledge there are no accounts in existence containing assets that belong to me or to which I have access.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I believe I meet the requirements of the Department of Emergency Services and Public Protection's Indigence Policy located on the second page of this form, and I request that the fee for the public records I have requested in the amount of \$ \_\_\_\_\_ be waived. In support of this request, I have fully and accurately completed the information above and attached any supporting documentation.

I hereby swear that the information contained in this Affidavit is true and accurate to the best of my knowledge and belief, and that any records attached hereto as supporting documentation are, to the best of my knowledge, true and accurate copies of the originals.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

DESPP  
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Middletown, Connecticut 06457-2389



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**Policy Regarding FOIA Indigence**

It is the policy of the Department of Emergency Services and Public Protection ("Department"), in compliance with Connecticut General Statutes Section 1-212(d)(1), to provide copies of disclosable public records free of charge to individuals who provide sufficient evidence to establish that they are indigent.

An individual shall be considered indigent if the monetary balance in his or her checking, savings, trust or other financial account, or any account containing assets that belong to the individual, or to which the individual has access, has not had a balance(s) equal to or exceeding twenty dollars (\$20.00) at any time during the six (6) months preceding the receipt by the Department of the request for records.

Documentation required to meet this standard includes, but is not limited to, an accurately completed and notarized Department Public Records Fee Waiver Request and Affidavit form and any relevant additional documentation to corroborate the Affidavit, including but not limited to evidence of assets/funds and copies of account statements covering at least the previous six (6) months for any account(s).

This policy applies to any requester seeking a waiver of the statutory fees as an indigent individual pursuant to Connecticut General Statutes Section 1-212(d)(1). Information provided by the requester shall be considered by the Department in determining indigence and fee waiver. Note: A determination by another agency or entity that an individual is indigent for any purpose will not be binding on the Department.